

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000017469

FILED
Jul 09, 2003
Secretary of State

Entity Name: KIBO- U.S.A. ENTERPRISES, LLC

Current Principal Place of Business:

4195 MAURICE DRIVE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4195 MAURICE DRIVE
DELRAY BEACH, FL 33445 US

New Mailing Address:

4448 GLENEAGLES DRIVE
BOYNTON BEACH, FL 33436 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENSAH, NGOZI E
4448 GLENEAGLES DRIVE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MENSAH, NGOZI E
Address: 4448 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGR (X) Delete
Name: NGOWI, ONESMO A
Address: 4195 MAURICE DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR () Delete
Name: MENSAH, RHONDA L
Address: 4448 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NGOZI E. MENSAH

CEO

07/09/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date